

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$307.00 for date of service 01/09/02.
- b. The request was received on 06/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. TWCC 62 form
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. No additional information was received from the Requestor. Only the initial request from the Provider and the three day request from the Carrier are in the dispute packet. Therefore, all of the information in the dispute packet will be reviewed and a decision will be written accordingly.

III. PARTIES' POSITIONS

1. Requestor: Provider did not submit a position statement.
2. Respondent: Letter dated 07/15/02

“The position of the (Carrier) is that the documentation attached does not support the services billed for CPT code 28470 in the amount of \$307.00. In the TWCC Medical Fee Guideline CPT code 28470 is listed as ‘Closed **treatment** of Metatarsal fracture; without manipulation, each.’ The documentation does not support any treatment provided to the claimant by the requestor on the date of the visit listed above. Therefore based on the documentation received with the requestor’s submitted billing the (Carrier) will maintain our denial of ‘N17; Not Deocumented[sic]. Upon review, documentation submitted did not contain information specific to this service.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 01/09/02.
2. The denial listed on the EOB is “N17-Not Documented. Upon review, documentation submitted did not contain information specific to this service.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/09/02	28470	\$307.00	\$0.00	N	\$223.00	Rule 133.307 (g)(3)(B) CPT descriptor	The Provider did not submit documentation that supports the services rendered as billed. Therefore, reimbursement is not recommended.
Totals		\$307.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 21st day of November 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb